

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/506455**

FILING DATE

**Written Amendment**

APPLICANT(S)

**Mailroom Stage Processing**

**Patent Specialist**  
**(725) 355-6421**

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			/			
53				/		
54				/		
55				/		
56				/		
57				/		
58				/		
59				/		
60				/		
61				/		
62				/		
63				/		
64				/		
65				/		
66				/		
67				/		
68				/		
69				/		
70				/		
71				/		
72				/		
73				/		
74				/		
75				/		
76				/		
77				/		
78				/		
79				/		
80				/		
81				/		
82				/		
83				/		
84			/			
85				/		
86				/		
87				/		
88				/		
89				/		
90				/		
91				/		
92				/		
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/500,555**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101				/		
102				/		
103				/		
104				/		
105				/		
106				/		
107				/		
108				/		
109				/		
110				/		
111				/		
112				/		
113				/		
114				/		
115				/		
116				/		
117			/			
118				/		
119				/		
120				/		
121				/		
122				/		
123				/		
124				/		
125				/		
126				/		
127				/		
128				/		
129				/		
130				/		
131				/		
132				/		
133				/		
134				/		
135				/		
136				/		
137				/		
138				/		
139				/		
140				/		
141				/		
142				/		
143				/		
144				/		
145				/		
146				/		
147				/		
148				/		
149				/		
150				/		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		165	←		←
TOTAL CLAIMS			168			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151				/		
152				/		
153				/		
154				/		
155				/		
156				/		
157				/		
158				/		
159				/		
160				/		
161				/		
162				/		
163				/		
164				/		
165				/		
166				/		
167				/		
168				/		
169				/		
170				/		
171				/		
172				/		
173				/		
174				/		
175				/		
176				/		
177				/		
178				/		
179				/		
180				/		
181				/		
182				/		
183				/		
184				/		
185				/		
186				/		
187				/		
188				/		
189				/		
190				/		
191				/		
192				/		
193				/		
194				/		
195				/		
196				/		
197				/		
198				/		
199				/		
200				/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**0/506455**

FILING DATE

**Written Amendment**

**Mailroad Stage Processing**

**Patrol Specialist**

**(783) 355-6121**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
201				/		
202				/		
203				/		
204				/		
205				/		
206				/		
207				/		
208				/		
209				/		
210				/		
211				/		
212				/		
213				/		
214				/		
215				/		
216				/		
217				/		
218				/		
219				/		
220				/		
221						
222						
223						
224						
225						
226						
227						
228						
229						
230						
231						
232						
233						
234						
235						
236						
237						
238						
239						
240						
241						
242						
243						
244						
245						
246						
247						
248						
249						
250						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
251						
252						
253						
254						
255						
256						
257						
258						
259						
260						
261						
262						
263						
264						
265						
266						
267						
268						
269						
270						
271						
272						
273						
274						
275						
276						
277						
278						
279						
280						
281						
282						
283						
284						
285						
286						
287						
288						
289						
290						
291						
292						
293						
294						
295						
296						
297						
298						
299						
300						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						